

FORM LOB (Rev. 5/2012)



HAWAII STATE ETHICS COMMISSION LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT MAY -3 P4:30

REPORT YEAR: 2013	Amended Statem	ent	STATE OF HAWAII
For Lobbying Reporting Period: Ja	nuary 1 - last day of February	✓ March 1 - April 30	STATE BILLIES COMMISSION
LOBBYIST INFORMATION			
Kalanihuia	Janice		E
Last Name	First Name	9	M.I.
Molokai General Hospital			
Lobbyist Firm/Employer			
Mailing Address (Number and Street	or P.O. Box)		
PO Box 408 Kaunakakai		HI	96748
City		State	Zip Code
(808) 553-3123	jkalanihuia	@queens.org	
Telephone Extensi	on Email Address	s	
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16. Total Expenditures from Addit	ional Attached Sheet(s) ——		——► <u>U</u>
Add Total Expenditures (lines	1 through 16)	Total E	Expenditures •

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY
List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name	On Behalf of ORG		Amount or Value
		·	
Check here if addition	onal sheets are attached		
	TURES OF \$150 OR MORE P	ER PERSON total sum of \$150 or more per person du	ring the statement period.
Name	On Behalf of ORG		Amount or Value
Check here if addition	onal sheets are attached		
PART II. CONTRIBUTION			
List all contributions received by lo	bbyist for the purpose of lobbying in the	total sum of \$25 or more per person duri	ng the statement period.
Name	On Behalf of ORG		Amount or Value
Check here if addition	onal sheets are attached		
PART III. SUBJECT ARE Legislative and/or administrative a		orted or opposed during the statement p	eriod:
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	√ Health	Planning, Land & Water Use Management	Other (indicate below):
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	
I hereby certify that the states	hents made/ahove are correct on	d complete to the best of my knowl	edne
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Signature of Lobbyist		Date	
Janice Kalanihuia		Presiden	t
Print Name		Title	